



Dangerous Waste Annual Report Verification Form

2002

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

Site Location Information :

RCRA Site ID: **WAD 980 738 546**

Current Company Name: **Alaskan Copper Works**

**This Report is
Due
No Later Than
March 3, 2003**

332996

use enter the changes in the right hand column.

Jim

This is your copy

GT

Did the company ownership change in 2002?

☐ Yes Date: _____ (continue to the right):
☒ No (go to 3a):

I represent the:

☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

☐ Entire year
☐ My term of ownership only

3a The land owner of this site is:

Name: **Rosen Investment Co**
Mail Address: **PO Box 3546**
SEATTLE, WA 98124-3546
Work Phone: **(206)623-5800** Ext: _____

3b

Name: _____
Mail Address: _____
Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

Name/Title: **James Brown**
Mail Address: **3200 6th Ave S**
SEATTLE, WA 98124
Work Phone: **(206)623-5800** Ext: _____
E-Mail Address: _____

4b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____
E-Mail Address: _____

5a The contact for annual report forms is:

Name/Title: **James Brown**
Mail Address: **3200 6th Ave S**
SEATTLE, WA 98124
Work Phone: **(800)800-7644** Ext: _____
E-Mail Address: _____

5b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____
E-Mail Address: _____

28644225



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AKC-0019767



Dangerous Waste Annual Report Verification Form

2002

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

Site Location Information :RCRA Site ID: **WAD 980 738 546**Current Company Name: **Alaskan Copper Works**Site Location: **3200 6TH AVE S**City/State/Zip: **SEATTLE, WA 98134**County: **KING**Dept. of Revenue Tax Registration Number: **578-033-053**NAICS : **332996**

**This Report is
Due
No Later Than
March 3, 2003**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

Name: **Alaskan Copper Co Inc**
Mail Address: **PO Box 3546**
SEATTLE, WA 98124-3546

1b

Name: _____
Mail Address: _____

2a The legal company/agency owner is:

Name: **Alaskan Copper & Brass Co**
Mail Address: **PO Box 3546**
SEATTLE, WA 98124-3546
Work Phone: **(206)623-5800** Ext: _____

2b

Name: _____
Mail Address: _____
Work Phone: _____ Ext: _____

Did the company ownership change in 2002?

☐ Yes Date: _____ (continue to the right):
☒ No (go to 3a):

I represent the:

☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

☐ Entire year
☐ My term of ownership only

3a The land owner of this site is:

Name: **Rosen Investment Co**
Mail Address: **PO Box 3546**
SEATTLE, WA 98124-3546
Work Phone: **(206)623-5800** Ext: _____

3b

Name: _____
Mail Address: _____
Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

Name/Title: **James Brown**
Mail Address: **3200 6th Ave S**
SEATTLE, WA 98124
Work Phone: **(206)623-5800** Ext: _____
E-Mail Address: _____

4b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____
E-Mail Address: _____

5a The contact for annual report forms is:

Name/Title: **James Brown**
Mail Address: **3200 6th Ave S**
SEATTLE, WA 98124
Work Phone: **(800)800-7644** Ext: _____
E-Mail Address: _____

5b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____
E-Mail Address: _____

28644225

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6. Generator Status Required – Indicate the facility's generator status for 2002 by checking the appropriate box. If you changed from last year, use the Comment Section (#9, below) to explain.

- ☒ Large Quantity Generator (LQG) ☐ Small Quantity Generator (SQG)
☐ Medium Quantity Generator (MQG) ☐ No Regulated Waste Generated

7. Electronic Data Submittal - if submitting data electronically, indicate your method of submission. VF must be submitted on paper.

- ☐ Disk(s) included ☐ Data submitted by e-mail

8. Waste Management Activities – Check boxes below ONLY if they apply to your site

8a. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes
☐ Transfer facility
Mode of Transportation
☐ Air
☐ Rail
☐ Highway
☐ Water
☐ Other - specify: _____

8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility (requires permit)

- ☐ For waste generated at this site
☐ For waste generated by other facilities
Which of the Following RCRA permitted activities occur at this facility?
☐ Treatment
☐ Disposal
☐ Storage
☐ No longer RCRA-TSD active

8c. ☐ 24 Hour Immediate Recycler (commercially receives off-site waste)

8d. Used Oil Fuel Marketer

- ☐ Directs shipment or used oil to used oil burner
☐ First claims the used oil meets the specifications

8e. Used Oil Burner – indicate type(s) of combustion device(s)

- ☐ Utility boiler
☐ Industrial furnace
☐ Industrial boiler

8f. Used Oil Transporter – indicate type(s) of activity(ies)

- ☐ Transfer facility
☐ Transporter

8g. Used Oil Processor/Re-refiner – indicate type(s) of combustion device(s)

- ☐ Process
☐ Re-refine

8h. Dangerous Waste Fuel Activity

- ☐ Generator of fuel
☐ Generator marketing to burner
☐ Other marketers (i.e., blender, distributor)
Deferrals/exemptions (in federal registers only)
☐ Smelter deferral
☐ Small quantity exemption
☐ Other
Burner (indicate type of combustion unit)
☐ Utility boiler
☐ Industrial boiler
☐ Industrial furnace

8i. LQHUW (Large Quantity Handler of Universal Waste)

- ☐ Batteries
☐ Mercury containing thermostats
☐ Lamps

8j. Excluded On-Site Waste management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule (PBR)
☐ Recycling without prior storage or accumulation

9. Comments – additional sheet may be attached for comments if needed

10. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink)

James Brown

Date

2/20/03

Name (print type)

James Brown

Title

Operations Mgr.

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).

2002 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,
before making as many two-sided copies of this answer sheet as you
will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
Works

FOR ECOLOGY USE ONLY:

Date Received: _____

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. <u>1</u>
A-2. <u>X-ray coolant, waste methanol</u>		
A-3. <u>D001</u>		A-4. <u>WT02</u>
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	A-7. <u>A59</u>
A-8. <u>B201</u>	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.) A-9.a. _____	

B. Waste Management Activities

B-1. <u>15.00</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input type="checkbox"/> P <input type="checkbox"/> K <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)	
B-1.a. <u>1</u> <input type="checkbox"/> Lbs/gal <input checked="" type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers <u>WAD991281767</u>	
ii. System Code <u>M051</u>	
iii. Quantity <u>15.00</u>	
iv. Recycling Percent <u>0.0</u>	

Wednesday, February 19, 2003 11:34:26 AM

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019770

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped
(yyyy/mm/dd)

ii. Manifest Document
Number

iii. Internal Tracking
Code(optional)

iv. Designated Facility
RCRA Site ID Number

v. Quantity Shipped

2002/09/30

78694

WAD991281767

15.00

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019771

2002 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
Works

FOR ECOLOGY USE ONLY:

Date Received: _____

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. 2	
A-2. Oil & trace amounts of acetone			
A-3. D001 F003		A-4. WT02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. A99			
A-8. B206		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
A-9.a. _____			

B. Waste Management Activities

B-1. 55.00		<input type="checkbox"/> ST <input type="checkbox"/> MT <input type="checkbox"/> P <input type="checkbox"/> K <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)	
B-1.a. 0.85		<input type="checkbox"/> Lbs/gal <input checked="" type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
WAD991281767		M051 55.00 0.0	

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019772

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2002/09/30	78694		WAD991281767	55.00

Wednesday, February 19, 2003 11:34:26 AM

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019773

2002 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,
before making as many two-sided copies of this answer sheet as you
will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
WORKS

FOR ECOLOGY USE ONLY:

Date Received: _____

A. Description of Dangerous Waste Stream

A-1. _____ (optional) Sequence No. 3

A-2. Aerosol can waste

A-3. D001 A-4. WT02

A-5. ☐ EHW ☒ DW A-6. ☒ No ☐ Yes A-7. A21

A-8. B209 A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. _____

B. Waste Management Activities

B-1. 50.00 ☐ ST ☐ MT ☐ P ☐ K ☒ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. 0.9 ☐ Lbs/gal ☒ Specific Gravity ☐ lbs/Yd3

B-2. ☐ On-Site ☒ Off-Site ☐ Both

B-3. _____ B-3.a. ☒ Yes ☒ No No Longer Required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent
WAD991281767 M051 50.00 0.0

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019774

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2002/03/06	70629		WAD991281767	50.00

2002 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
Works

FOR ECOLOGY USE ONLY:

Date Received: _____

A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. 4	
A-2. Waste liquid petroleum naptha			
A-3. D039		A-4. WT02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. A19			
A-8. B211	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

B. Waste Management Activities

B-1. 95.00		<input type="checkbox"/> ST <input type="checkbox"/> MT <input type="checkbox"/> P <input type="checkbox"/> K <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C		(If G, L, or C, answer B-1.a.)
B-1.a. 6.7		<input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3		
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both				
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No Longer Required
B-4. i. Designated Facility (TSDR) ID Numbers				
ORD981766124				
ii. System Code				
M021				
iii. Quantity				
95.00				
iv. Recycling Percent				
94.0				

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019776

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2002/03/21	62451		ORD981766124	16.00
2002/04/23	03716		ORD981766124	18.00
2002/07/16	25070		ORD981766124	15.00
2002/08/26	28869		ORD981766124	15.00
2002/11/19	47204		ORD981766124	16.00
2002/12/11	93240		ORD981766124	15.00

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019777

2002 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
Works

FOR ECOLOGY USE ONLY:

Date Received: _____

A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. 5	
A-2. Debris contaminated with F006 sludge			
A-3. F006		A-4. WT02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. A09			
A-8. B319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

B. Waste Management Activities

B-1. 20,760.00 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. _____ <input checked="" type="checkbox"/> Lbs/gal <input checked="" type="checkbox"/> Specific Gravity <input checked="" type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers			
ii. System Code			
iii. Quantity			
iv. Recycling Percent			
AZD980735500	M112	20,660.00	0.0
WAD991281767	M112	100.00	0.0

Wednesday, February 19, 2003 11:34:28 AM

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019778

B-6. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2002/01/10	02001		AZD980735500	5,149.00
2002/03/06	02002		AZD980735500	3,240.00
2002/06/05	02003		AZD980735500	4,275.00
2002/10/02	02004		AZD980735500	4,936.00
2002/10/18	79624		WAD991281767	100.00
2002/12/13	02006		AZD980735500	3,060.00

C. Comments

A-8:Waste contaminated process sludge.

B-4ii: System code given by waste hauler.

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019779

2002 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,
before making as many two-sided copies of this answer sheet as you
will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
Works

FOR ECOLOGY USE ONLY:

Date Received: _____

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream

A-1. _____ (optional)	Sequence No. 6
A-2. Debris contaminated with D007 sludge	
A-3. D007	A-4. WT02
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
A-7. A09	
A-8. B504	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)
A-9.a. _____	

B. Waste Management Activities

B-1. 74,920.00 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)	
B-1.a. _____ <input checked="" type="checkbox"/> Lbs/gal <input checked="" type="checkbox"/> Specific Gravity <input checked="" type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____ B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers AZD980735500	ii. System Code M112
iii. Quantity 74,920.00	iv. Recycling Percent 0.0

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019780

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (yyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2002/01/10	02001		AZD980735500	24,780.00
2002/06/05	02003		AZD980735500	29,880.00
2002/11/06	02005		AZD980735500	20,260.00

C. Comments

B-4ii: System code given by waste hauler.

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OFF-SITE IDENTIFICATION INFORMATION FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,
before making as many two-sided copies of this answer sheet as you
will need.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper
Works

FOR ECOLOGY USE ONLY:

Date Received: _____

Please complete this form if your facility received dangerous waste from off-site or shipped
dangerous waste off-site.

Printed by Turbo Waste.

RCRA Site ID Number:	<u>CAD063547996</u>
Name:	<u>All Waste transportation Remediation Inc</u>
Address:	_____
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR
RCRA Site ID Number:	<u>AZD980735500</u>
Name:	<u>World Resources Company</u>
Address:	<u>8113 West Sherman Street</u> <u>Tolleson, AZ 85353-4025</u>
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR
RCRA Site ID Number:	<u>CAD068547991</u>
Name:	<u>Phillips Transportation & Remediation</u>
Address:	_____
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR
RCRA Site ID Number:	<u>WAR000001743</u>
Name:	<u>Burlington Environmental, Inc.</u>
Address:	_____
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR
RCRA Site ID Number:	<u>WAD991281767</u>
Name:	<u>Burlington Environmental, Inc. Kent</u>
Address:	<u>20245 77th Ave South</u> <u>Kent, WA 98032</u>
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019782

RCRA Site ID Number: SCR000075150			
Name: Safety-Kleen, Inc.			
Address:			
Handler Type: (Check all that apply.)			
<input type="checkbox"/> Generator	<input checked="" type="checkbox"/> Transporter	<input type="checkbox"/> TSDR	
RCRA Site ID Number: ORD981766124			
Name: Safety-Kleen Systems, Inc.			
Address: 16540 SE 130th Ave Bldg B			
Clackamas, OR 97015			
Handler Type: (Check all that apply.)			
<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter	<input checked="" type="checkbox"/> TSDR	
RCRA Site ID Number: TXR000050930			
Name: Safety-Kleen Systems, Inc.			
Address:			
Handler Type: (Check all that apply.)			
<input type="checkbox"/> Generator	<input checked="" type="checkbox"/> Transporter	<input type="checkbox"/> TSDR	